



AUG 13 2003 J-16285

TECH CENTER 1600/2000

PTO/SB/21 (08-00)

Approved for use through 10/31/2002. OMB 0651-0031

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

		Application Number	10/076,131
		Filing Date	February 13, 2002
		First Named Inventor	Babu J. MAVUNKEL
		Group Art Unit	1625
		Examiner Name	C. Chang
Total Number of Pages in This Submission	100	Attorney Docket Number	219002028310

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below)
<input type="checkbox"/> Express Abandonment Request	<input checked="" type="checkbox"/> Terminal Disclaimer (3)	Substitute Specification Return Postcard
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		
	Remarks	

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual Name	MORRISON & FOERSTER LLP Kate H. Murashige - 29,959
Signature	
Date	August 4, 2003

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Dated: 8/4/03 Signature: (Tami Procopio)



AUG 13 2003

TECH CENTER 1000/2000

PTO/SB/17(01-03)

Approved for use through 04/30/2003. OMB 0651-0032

FEE TRANSMITTAL for FY 2003

Patent fees are subject to annual revision.

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 440.00)

Complete if Known

Application Number	10/076,131
Filing Date	February 13, 2002
First Named Inventor	Babu J. MAVUNKEL
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Group Art Unit	1625
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METHOD OF PAYMENT (check all that apply)

 Check Credit Card Money Order Other None

 Deposit Account

Deposit Account Number 03-1952

Deposit Account Name Morrison & Foerster LLP

The Commissioner is hereby authorized to: (check all that apply)

 Charge fee(s) indicated below Credit any overpayments

 Charge any additional fee(s) during the pendency of this application

 Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)
1051	130	2051	65
1052	50	2052	25
1053	130	1053	130
1812	2,520	1812	2,520
1804	920*	1804	920*
1805	1,840*	1805	1,840*
1251	110	2251	55
1252	410	2252	205
1253	930	2253	465
1254	1,450	2254	725
1255	1,970	2255	985
1401	320	2401	160
1402	320	2402	160
1403	280	2403	140
1451	1,510	1451	1,510
1452	110	2452	55
1453	1,300	2453	650
1501	1,300	2501	650
1502	470	2502	235
1503	630	2503	315
1460	130	1460	130
1807	50	1807	50
1806	180	1806	180
8021	40	8021	40
1809	750	2809	375
1810	750	2810	375
1801	750	2801	375
1802	900	1802	900
Other fee (specify)		Terminal Disclaimer Fee x 3	330.00
*Reduced by Basic Filing Fee Paid		SUBTOTAL (3) (\$)	110.00

**or number previously paid, if greater; For Reissues, see above

SUBMITTED BY					
Name (Print/Type)	Kate H. Murashige		Registration No. (Attorney/Agent)	29,959	Telephone
Signature	<i>Kate H. Murashige</i>		Date	August 4, 2003	

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Dated: 08/04/03

 Signature: *Tami M. Procopio* (Tami Procopio)